

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027971

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 222

Registrar's No. 1157

FILED JUL 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Length of stay in 1b 915 days	c. CITY OR TOWN Wayne City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dexter Middle Dean Last Newman		4. DATE OF DEATH Month July Day 17 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-25-35
9. AGE (last birthday) 28		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Wayne City, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Barney Lee Newman	
13b. MOTHER'S MAIDEN NAME Norma Mae Falazone		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates) Yes Feb. 1954 to F		16. SOCIAL SECURITY NO. n	
17. INFORMANT MCFP files, Springfield, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compression of carotid vessels DUE TO (c) Hanging by the neck.			INTERVAL BETWEEN ONSET AND DEATH 10 min. 10 min. 10 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Schizophrenic Reaction			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted by hanging.	
20c. TIME OF INJURY 4:00 p.m.		Month, Day, Year 7-17-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Medical Center	20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Mo.	
21. I attended the deceased from 1-13-61 to 7-17-63 and last saw him alive on 7-17-63 Death occurred at 4:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. ADDRESS U.S. Medical Center Springfield, Missouri	
22b. ADDRESS U.S. Medical Center Springfield, Missouri		22c. DATE SIGNED 7-18-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-20-63	23c. NAME OF CEMETERY OR CREMATORY Local	
24. FUNERAL DIRECTOR Adams and Monger F.H. Ozark, M.		25. DATE RECD. BY LOCAL REG. 7-19-63	
26. REGISTRAR'S SIGNATURE Effie S. Melton		27. REGISTRAR'S SIGNATURE Effie S. Melton	

Permit 7-18-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Robert H. Bates III

Student Embalmer No.

673

working under my personal supervision.

Student

Robert H. Bates III
Signature of Student Embalmer

Signed

Frederick M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.